CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCT this form.	TION GUIDE explains how to complete 1 ACCOUNT # 2 Total pages filed: (Ethics Commission filers) 2 Total pages filed: 29
3 CANDIDATE OFFICEHOLDER NAME	TITLE FIRST MI OFFICE USE ONLY GERALD NICKNAME LAST SUFFIX OFFICE USE ONLY
4 CANDIDATE OFFICEHOLDER ADDRESS	NICKNAME LAST WOMACK ADDRESS/P.O. BOX: APT/SUITE #: CITY: STATE: ZIP CODE: 4412 ALMEDA HOUSTON TEXAS 77004
Change of Address CAMPAIGN TREASURER NAME	TITLE FIRST MI HD/PAG HD/PAG Antount
6 CAMPAIGN	NICKNAME LAST CHASE CHASE Date imaged Date imaged ZIP CODE:
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	1201 SOUTHMORE HOUSTON TEXAS //004
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 524-8413
8 REPORT TYPE	January 15
9 PERIOD COVERED	9/28/2001 THROUGH 10/27/2001
10 ELECTION	ELECTION DATE MONTH DAY YEAR 11 / 06 / 2001
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) HOUSTON CITY COUNCIL-DISTRICT D
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER	** Direct campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
INDIVIDUALS	NAME ADDRESS/P.O BOX: APT/SUITE #: CITY: STATE: ZIP CODE:
additional pages	
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		_	15 ACCOUNT # (Ethics Commission filers)
GERALD WOMA	CK		
16 SUPPORTING POLITICAL COMMITTEES	** This listing includes politicandidate's or officeholder's notice of such expenditures.	cal committees to support the candidate / officeholder. These e. knowledge or consent. Candidates and officeholders are requir	ed to report this information only if they receive
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY		ortable activity occurred during this reporting period. (Sign aff	idavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL PLEDGES, LOANS	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$
	(OTHER THAN PI	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,673.15
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$50 OF LESS. UNLESS ITEMIZED	\$
	4. TOTAL POLITIC	AL EXPENDITURES	s 35,896.10
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF THE IIS REPORTING PERIOD	s

19 AFFIDAVIT



SYLVIA P. REA MY COMMISSION EXPIRES August 5, 2003

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me ander Title 15, Election Code

Signature of Candidate or Officeholder

GERALD WOMACK

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GERALD WOMACK, this the 29TH day of October, 2001, to certify which, witness my hand and seal of

office.

SYLVIA P. REA

NOTARY PUBLIC

Signature of fficer administering oath Print name of officer administering oath

Title of officer administering oath

exas Ethics Commission		P.O. Box 12070		(512) 463-5800		1-80-325-8506
	AL EXPENDITUR	ES				Schedule ${f F}$
he INSTRUCTION (GUIDE explains how to complete th	is form.		,	1 Total	pages Schedule F:
ne namochow c	or the complete of				11	
FILER NAME			<u> </u>		3 ACCC	OUNT # (Ethics Commission filers)
	3.5.4 GTT				1	
ERALD WO	MACK 5 Pavee name					7 Amount
Date	Advantage Communica	tion				(\$)
-28-01	6 Payee address:	City: State:	Zip Code			1470.00
	4412 Almeda, Houston,	Tx. 77004				<u> </u>
Purpose of exp	oenditure		9	** Complete if direct Candidate / Officehol		benefit C/OH** Office sought/held
C				Candidate / Officerior	dei name	Office soughblicia
Consultant Date	Payee name					Amount
Date	Ed Banks					(\$)
10-2-01	Payee address:	City: State:	Zip Code:			250.00
	3306 Beulah, Houston,	Tx. 77004				<u> </u>
Purpose of expe	enditure			** Complete if direct e Candidate / Officeho		benefit C/OH** Office sought/held
Combract C	orniece		1	Candidate / Officeno	ider name	Office soughtheid
Contract S	Payee name			 -		Amount
Date	Texas Printing					(\$)
10-4-01	Payee address:	City: State:	Zip Code	:		1967.92
	4715 Main St., Houston	ı, Tx. 77002				<u> </u>
Purpose of exp	enditure			** Complete if direct		
			ŀ	Candidate / Officeho	ider name	Office sought/held
Printing Date	Payee name			<u>.</u>	-	Amount
Date	Texas Printing					(\$)
10-4-01	Payee address:	City: State:	Zip Code	:		608.37
	4715 Main St., Houston	•	<u> </u>			
Purpose of exp	_			** Complete if direct	-	
				Candidate / Officeho	older name	Office sought/held
Printing	Day on the control of					Amount
Date	Payee name Texas Printing					(\$)
10-4-01	Payee address:	City: State:	Zip Code		.	376.71
	4715 Main St., Housto					
Purpose of exp				** Complete if direct		benefit C/OH**
•			1	Candidate / Officeho	older name	Office sought/held
Printing	D					Amount
Date	Payee name Fort Bend Democrats					(\$)
10-4-01	Payee address:	City: State:	Zip Code			250.00
Purpose of exp				** Complete if direct		
•				Candidate / Officeh	older name	Office sought/held
Communi	ty Breakfast					Amount
Date	Payee name					Amount (\$)
10_4_01	Sherry Browning	City Co-a	Zip Cod			- _{50.00}
10-4-01	Payee address: P. O. Box 301162, Hou	City: State:	•			
Purpose of exp		15(UII, 1 A. / /UJO		** Complete if direct	t expenditure to	benefit C/OH**
ruipose oi ext	ponditure			Candidate / Officeh		Office sought/hele
Contract	Sarvicas					

	P.O. Box 12070	(512) 463-5800	1-80-325-8506
Texas Ethics Commission	P.O. BOX 12070		
POLITICA	AL EXPENDITURES		SCHEDULE F
The INSTRUCTION (GUIDE explains how to complete this form.		1 Total pages Schedule F:
THE MICHIGAN			
			3 ACCOUNT # (Ethics Commission filers)
2 FILER NAME			-
GERALD WO	MACK		7 Amount
4 Date	5 Payee name		(\$)
10-4-01	Andrew McCray 6 Payee address: City: State:	Zip Code:	150.00
10-4-01	6 Payee address: City: State: 4412 Almeda, Houston, Tx. 77004	-	
8 Purpose of ext		9 ** Complete if direct Candidate / Officehol	expenditure to benefit C/OH** der name Office sought/held
-		Candidate / Officerior	
	esigns & Printing Payee name		Amount
Date	Forward Times		460.53
10-4-01	Payee address: City: State: 2	Zip Code:	400.55
	4411 Almeda, Houston, Tx. 77004	** Complete if direct of	expenditure to benefit C/OH**
Purpose of exp	enditure	Candidate / Officeho	lder name Office sought/held
Ad Date	Payee name		Amount
Date	Erica Fowler		18.00
10-4-01	Payee address: City: State: 4412 Almeda, Houston, Tx. 77004	Zip Code:	
Purpose of exp		** Complete if direct Candidate / Officeho	expenditure to benefit C/OH** older name Office sought/held
Reimburs	ement for supplies		Amount
Date	Payee name		(\$)
10 4 01	Ren McCowan Payee address: City: State:	Zip Code:	23.98
10-4-01	Payee address: City: State: 10333 Richmon, Houston, Tx. 77042	-	
Purpose of ex		** Complete if direct Candidate / Officeh	expenditure to benefit C/OH** older name Office sought/held
Reimburg	sement for Supplies		Amount
Date	Payee name		(\$)
10-4-01	Payee address: City: State:	Zip Code:	500.00
10-4-01	4412 Almeda, Houston, Tx. 77004	-	
Purpose of ex		** Complete if direc Candidate / Officel	t expenditure to benefit C/OH** holder name Office sought/held
Consulta	nt Services		Amount
Date	Payee name		(\$)
10-5-01	Nata Koerber Payee address: City: State:	Zip Code:	500.00
10-3-01	1818 Calumet, Houston, Tx. 77004	•	5.000
Purpose of ex		** Complete if direct Candidate / Office	et expenditure to benefit C/OH** holder name Office sought/held
Consulta	nnt Services		Amount
Date	Payee name		(\$)
10.001	Booker Morris Paves address: City: State:	Zip Code:	287.00
10-9-01	Payee address: City: State: 2626 S. Loop West, Ste. 270, Houston, T	Tx. 77054	
Purpose of e		** Complete if dire Candidate / Office	ct expenditure to benefit C/OH** cholder name Office sought/held
Contract	t Services		

Texas Ethics Commission	P.O. Box 12070	(512) 463-5800	1-80-325-8506
POLITICA	AL EXPENDITURES		Schedule ${f F}$
The Instruction G	UIDE explains how to complete this form.		l Total pages Schedule F:
	-		11
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)
CEDATEMO	NA A CIV		
GERALD WO	5 Payee name		7 Amount
- Dall	Texas Printing		(\$)
10-9-01		Code:	194.85
8 Purpose of exp			ct expenditure to benefit C/OH**
Printing		Candidate / Officeh	older name Office sought/held
Date	Payee name		Amount
10-9-01	Ken McCowen Payee address: City: State: Zip C	'oda	139.87
10-7-01	Payee address: City: State: Zip C 3535 Briarpark Dr., Ste. 208, Houston, Tx. 77		1 22.07
Purpose of exper			expenditure to benefit C/OH**
		Candidate / Officeh	
	ment for Supplies and Food	<u> </u>	
Date	Payee name Donald Aaron		Amount (\$)
10-11-01	Payee address: City: State: Zip C	'ode'	2000.00
	2250 Holly Hall, No. 189, Houston, Tx. 77054]
Purpose of expe			t expenditure to benefit C/OH**
		Candidate / Officeh	older name Office sought/held
Consultant		.1	Amount
Date	Payee name William A. Lawson Institute		(\$)
10-11-01	Payee address: City: State: Zip C	Code:	100.00
	5445 Almeda, Ste. 505, Houston, Tx. 77004		
Purpose of expe			t expenditure to benefit C/OH**
Donation		Candidate / Officel	nolder name Office sought/held
Donation Date	Payee name	<u>.1 </u>	Amount
Date	Nata Koerber		(\$)
10-12-01	Payee address: City: State: Zip C	Code:	500.00
	1818 Calumet, Houston, Tx. 77004	T	
Purpose of expe		** Complete if direct Candidate / Officel	et expenditure to benefit C/OH** nolder name Office sought/held
Consultant Date	Payee name	1	Amount
Date	Ed Banks		(\$)
10-12-01		Code:	150.00
	3306 Beulah, Houston, Tx. 77004		
Purpose of expe	enditure	** Complete if direct Candidate / Office	et expenditure to benefit C/OH** holder name Office sought/held
Contract S		<u> </u>	
Date	Payee name		Amount (\$)
10-12-01	Payee address: City: State: Zip	Code:	360.00
	1910 Overbrook, Missouri City, Tx. 77459		
Purpose of expe	<u> </u>		et expenditure to benefit C/OH**
		Candidate / Office	
Consultant	Sarvices	I	

Texas Ethics Commission	P.O. Box 12070	(512) 463-5800		1-80-325-8506	
POLITICA	AL EXPENDITURES			SCHEDULE F	
The INSTRUCTION G	UIDE explains how to complete this form.		1 Total pages	Schedule F:	
			11	•	
2 FILER NAME				# (Ethics Commission filers)	
000 I F D 1110	N. A. CITZ				
GERALD WO!	MACK 5 Payee name		-1 7	Amount	
4 Date	Erica Fowler		.	(\$)	
10-12-01	6 Payee address: City: State: Zip C 1910 Overbrook, Missouri City, Tx. 77459	Code:	40	0.00	
8 Purpose of expe	enditure	9 ** Complete if direct		fit C/OH** Office sought/held	
Consultant	Services	Candidate / Officehol	der name	Office soughviteld	
Date	Payee name	L	<u> </u>	Amount	
40 40 04	NAACP - Houston Branch			(\$) 6 0.00	
10-12-01	Payee address: City: State: Zip Co 2002 Wheeler, Houston, Tx. 77004	ode:	**	0.00	
Purpose of exper		** Complete if direct of	xpenditure to benef	t C/OH**	
•		Candidate / Officeho	der name	Office sought/held	
Ad Date	Payee name	<u>. </u>	 	Amount	
Date	Eva Pickens			(\$)	
10-12-01	Payee address: City: State: Zip C	ode:	50	00.00	
·	4412 Almeda, Houston, Tx. 77004	** Complete if direct	was diturn to base	4 C/OU##	
Purpose of expen	nditure	Candidate / Officeho		Office sought/held	
-Consultant					
Date	Payee name Booker Morris			Amount (\$)	
1-12-01	Payee address: City: State: Zip C	ode:	1 ⁴	175.00	
	2626 South Loop W., Ste. 270, Houston, Tx. 7	7054			
Purpose of expe	enditure	** Complete if direct Candidate / Officeho		it C/OH** Office sought/held	
Contract S	ervices				
Date	Payee name			Amount (\$)	
10-12-01	Our Mother of Mercy Payee address: City: State: Zip C	lode:	2	0.00	
	2010 Benson, Houston, Tx. 77020				
Purpose of expe	enditure	** Complete if direct Candidate / Officeho		fit C/OH** Office sought/held	
Tickets		l		Amount	
Date	Payee name Ship of Zion Missionary Baptist Church		1	Amount (\$)	
10-12-01	Payee address: City: State: Zip C	Code:	6	0.00	
	8505 Cypress Street, Houston, Tx. 77004				
Purpose of expe	enditure	** Complete if direct Candidate / Officeh		fit C/OH** Office sought/held	
Banquet Date	Payee name	1		Amount	
Date	Southwestern Bell Telephone			(\$)	
10-12-01		Code:	J	27.10	
Purpose of expe	P. O. Box 1550, Houston, Tx. 77097-0047	** Complete if direct	expenditure to bene	fit C/OH**	
rurpose of expe	Enancie	Candidate / Officeh		Office sought/held	
Tolonhono	Corriege	l .			

Texas Ethics Commission	P.O. Box 12070	(512) 463-5800	1-80-325-8506
	L EXPENDITURES		Schedule F
The Instruction Gu	IDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME			3 ACCOUNT # (Ethics Corronission filers)
GERALD WOM	IACK		
4 Date	5 Payee name		7 Amount
10 14 01	Ken McCowan		77.67
10-14-01	3535 Briarpark Dr., Ste. 208, Houston, Tx. 7		
8 Purpose of exper	nditure	9 ** Complete if direct Candidate / Officeho	expenditure to benefit C/OH** der name Office sought/held
	ent forBlock Walker Supplies	Candidate / Officerio	Amount
Date	Payee name Don Aaron		(\$)
10-14-01		Code:	32.97
	2250 Holly Hall, No. 189, Houston, Tx. 7705	4	
Purpose of expend	liture	** Complete if direct of Candidate / Officeho	expenditure to benefit C/OH** Ider name Office sought/held
Reimbursem	ent for Supplies	Candidate / Officeno	
Date	Payee name		Amount (\$)
10-14-01	Eva Pickens Payee address: City: State: Zip	Code:	50.23
10-14-01	4412 Almeda, Houston, Tx. 77004	Couc.	
Purpose of expend	diture	** Complete if direct Candidate / Officeho	expenditure to benefit C/OH** Ilder name Office sought/held
	ent for Supplies		Amount
Date	Payee name Harris County		Amount (\$)
10-14-01		Code:	53.00
Purpose of expend	<u> </u>	** Complete if direct	expenditure to benefit C/OH**
Precinct Info		Candidate / Officeho	older name Office sought/held
Date	Payee name		Amount
10.14.01	Nata Koerber		147.00
10-14-01		Code:	147.00
Purpose of expen	1818 Calumet, Houston, Tx. 77004	** Complete if direct Candidate / Officeho	expenditure to benefit C/OH** older name Office sought/held
Reimbursen	nent for Phone Bank		
Date	Payee name		Amount (5)
10.15.01	Madison Homecoming Parade		25.00
10-15 -01	1 7	p Code:	25.00
Purpose of expen	13719 White Heather, Houston, Tx. 77045	** Complete if direct Candidate / Officeh	expenditure to benefit C/OH** older name Office sought/held
Donation			
Date	Payee name		Amount
10.15.01	Nata Koerber		19.98
10-15-01	1	p Code:	17.70
Purpose of expen	1818 Calumet, Houston, Tx. 77004	** Complete if direct	t expenditure to benefit C/OH**
]		Candidate / Officeh	older name Office sought/held
Reimbursen	nent for Food for Volunteers		

Texas Ethics Commission	P.O. Bo	ox 12070	(512) 463-5800		1-80-325-8506
POLITICA	L EXPENDITURES				SCHEDULE F
The INSTRUCTION GU	IDE explains how to complete this form	n.		l Total pag	es Schedule F:
				111	
2 FILER NAME				3 ACCOU	NT # (Ethics Commission filers)
GERALD WOM	IACK				
4 Date	5 Payee name			7	
10.14.05	Informer Newspaper				(\$)
10-16-01	6 Payee address: City P. O. Box 14035, Houston, T		Code:		500.00
8 Purpose of exper	diture		9 ** Complete if direct ex		
Ad			Candidate / Officeholde	er name	Office sought/held
Date	Payee name				Amount
10-17-01	Houston Newspages		D-1	,	(\$) 500 .00
10-17-01	Payee address: City: 4997 Martin Luther King, H		Code:	-	
Purpose of expend		touston, IX. //U/	** Complete if direct ex	penditure to bene	efit C/OH**
i aipose oi expene			Candidate / Officehold		Office sought/held
Ad			1		
Date	Payee name			[Amount
10.10.01	Nata Koerber	<u> </u>	a 1	I,	(\$) 500.00
10-19-01	Payee address: City:	-	Code:	[]	JUU-100
Purpose of expend	1818 Calumet, Houston, Tx.	11004	** Complete if direct ex	nenditure to ben	efit C/OH**
i di pose di expent	urswr v		Candidate / Officehold		Office sought/held
Consultant S	Services		<u> </u>		· <u>-</u>
Date	Payee name				Amount
10-19-01	Nata Koerber	State: 2"	Code		(\$) 150,00
10-17-01	Payee address: City: 1818 Calumet, Houston, Tx.	•	Code:		
Purpose of expend		. //VV T	** Complete if direct ex	penditure to ben	efit C/OH**
r ·			Candidate / Officehold		Office sought/held
	rvices - Phone Bank			r-	
Date	Payee name			}	Amount (\$)
10-20-01	Texas Southern University Payee address: City:	State: Zip	Code:		75.00
	3100 Cleburne, Houston, Tx	-	Code		
Purpose of expen-		,	** Complete if direct ex	penditure to ber	
, ,	·		Candidate / Officehold		Office sought/held
Homecomin				Т.	Amount
Date	Payee name Ed Banks			1	Amount (\$)
10-20-01	Payee address: City:	State: Zip	Code:		150.00
	3306 Beulah, Houston, Tx.	•	Cour.		
Purpose of expen			** Complete if direct ex Candidate / Officehold		nefit C/OH** Office sought/held
Contract Se	rvices				
Date	Payee name				Amount
10.00.00	Eva Pickens				(\$)
10-20-01	Payee address: City:		Code:		500.00
<u> </u>	4412 Almeda, Houston, Tx.	77004	** Complete if disease or	mandisses 1	oft C/OU**
Purpose of expen	atture		** Complete if direct ex Candidate / Officehold		Office sought/held
Consultant S	Services			-	2

xas Ethics Commission	P.O. Box 12070	(512) 463-5800	1-80-323-8300
	L EXPENDITURES		SCHEDULE ${f F}$
	UIDE explains how to complete this form.	1 Total	al pages Schedule F:
ne Instruction G	UIDE explains now to complete this form.	11	
FILER NAME		3 AC	COUNT # (Ethics Commission filers)
ERALD WO	MACK 5 Payee name		7 Amount
Date	The Houston Defender		(\$)
0-20-01		Code:	504.00
Purpose of expe		9 ** Complete if direct expenditure	to benefit C/OH**
Ad		Candidate / Officeholder name	Office sought/held
Date	Payee name		Amount
-	Andrew McCray		- 150.00 ^(\$)
10-20-01	Payee address: City: State: Zip 4412 Almeda, Houston, Tx. 77004	Code:	
Purpose of exper		** Complete if direct expenditure to Candidate / Officeholder name	to benefit C/OH** Office sought/held
Contract So	ervices	Candidate / Officenoider name	OTHER SOURINGER
Date	Payee name		Amount
	Nata Koerber		(\$)
10-26-01	, , , , , , , , , , , , , , , , , , , ,	Code;	1303.30
	1818 Calumet, Houston, Tx. 77004	** Complete if direct expenditure	to benefit C/OH**
Purpose of expe	enditure	Candidate / Officeholder name	Office sought/held
Reimburse	ment - Contract Worker's - Early Vote		- Amount
Date	Payee name		Amount (\$)
10-26-01	Eva Pickens Payee address: City: State: Zip	Code:	— 500.00
10-20-01	Payee address: City: State: Zip 4412 Almeda, Houston, Tx. 77004	, 0000.	
Purpose of expe		** Complete if direct expenditure	to benefit C/OH**
, ,		Candidate / Officeholder name	Office sought/held
Consultant Date	Payee name		Amount
Date	St. Agnes Baptist Church		(\$)
10-26-01		p Code:	100.00
	3730 South Acres, Houston, Tx. 77047		- 1 - 5+ C/O17##
Purpose of exp	enditure	** Complete if direct expenditure Candidate / Officeholder name	Office sought/held
<u>Ad</u>		!	Amount
Date	Payee name Mandy Haverly		(\$)
10-26-01		p Code:	35.00
	3654 Rebecca St., Houston, Tx. 77021		
Purpose of exp		** Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH** Office sought/held
Red, Whit	te & Blue Ribbons at Breakfast		
Date	Payee name		Amount (\$)
40.00.00	Ed Banks	- Code	—— 150.00
10-26-01	Payee address: City: State: Zi 3306 Beulah, Houston, Tx. 77004	ip Code:	
Purpose of exp		** Complete if direct expenditur	e to benefit C/OH** Office sought/held
		Candidate / Officeholder name	Office sought/field
Contract	Sarviege	į.	

Jexas Elnics Commission	P.O. Box 1207	<u> </u>		(512) 463-5800		1-80-325-8506
POLITICA	L EXPENDITURES				-	SCHEDULE F
The INSTRUCTION GU	IDE explains how to complete this form.			·	1 Total r	pages Schedule F:
					11	ouges benedule 1.
2 FILER NAME						OUNT # (Ethics Commission filers)
GERALD WOM	IACK					
4 Date	5 Payee name				L	7 Amount
10.04.01	U. S. Postmaster					(\$)
10-24-01	6 Payee address: City: 4110 Almeda, Houston, Tx. 7700		Zip Code:			340.00
8 Purpose of exper	nditure		9	** Complete if direct ex		
Postage				Candidate / Officeholde	r name	Office sought/held
Date	Payee name					Amount
10-26-01	Nata Koerber			 .		(\$)
	1818 Calumet, Houston, Tx. 770		Zip Code:			
Purpose of expend	liture			** Complete if direct exp		
Consultant				Candidate / Officeholde	r name	Office sought/held
Date	Payee name					Amount
10-26-01	Booker T. Morris, III Payee address: City: S		7:- O	-		2500.00
10 20 01	Payee address: City: S -2626 S. Loop West, Ste. 270, Hot		Zip Code:			2300.00
Purpose of expend	liture	201011, 121		** Complete if direct exp Candidate / Officeholde		enefit C/OH** Office sought/held
Date Date	Payee name	· · · · · · · · ·		_		Amount
10-26-01	Advantage Communication		=			(\$)
10-20-01	Payee address: City: S 4412 Almeda, Houston, Tx. 7700		Zip Code:			1300.00
Purpose of expend				** Complete if direct exp		lenefit C/OH** Office sought/held
Radio Ad-K	сон			Candidate / Officeroide	папц	Office sought field
Date	Payee name Nata Koerber				 _	Amount (\$)
10-26-01			Zip Code:			500.00
Purpose of expend	diture	-		** Complete if direct exp Candidate / Officeholde		Office sought/held
Date Reimbursen	nent-Card Pushers Payee name	· · · · · · · · · · · · · · · · · · ·	i			Amount
Duit	Marcus					(\$)
10-16-01	····	State:	Zip Code:			42.00
Purpose of expen-	diture			** Complete if direct exp Candidate / Officeholde		oenefit C/OH** Office sought/held
Consultant						
Date	Payee name Southeast Precinct Judges					Amount (\$)
10-16-01	Payee address: City: S Houston, Tx.	State:	Zip Code:			150.00
Purpose of expen				** Complete if direct exp Candidate / Officeholde		oenefit C/OH** Office sought/held

xas Ethics Commission	P.O. Box 12070		(512) 463-5800		1-80-325-8306
	L EXPENDITURES				SCHEDULE F
he Instruction Gui	DE explains how to complete this form.			1 Total pages Sch	edule F:
				11	
FILER NAME				3 ACCOUNT#0 	Ethics Commission files)
GERALD WOM	IACK	·			
Date	5 Payee name			7	Amount (\$)
0-17-01	U. S. Post Office 6 Payee address: City: S	State: Zip Code:		46.32	
.0-1 /-01	4110 Almeda, Houston, Tx. 77004	•			
Purpose of exper		9	** Complete if direct ex Candidate / Officeholde		Office sought/held
Postage Date	Рауее пате		<u> </u>		Amount
Date	Walgreens			19.42	(\$)
10-17-01	Tayee address.	tate: Zip Code:		12.42	•
Purpose of expen	5202 Almeda, Houston, Tx. 7700 diture		** Complete if direct exp Candidate / Officeholde		OH** Office sought/held
Sodas					Amount
Date	Payee name Payee address: City: S	state: Zip Code:			(\$)
Purpose of expen			** Complete if direct ex Candidate / Officehold		Office sought/held
Date	Payee name E-Z Mail Management				Amount (\$) 3.80
10-19-01	Payee address: City: St 6420 Richmond, Ste. 100, Houst	State: Zip Code:			
Purpose of exper			** Complete if direct ex Candidate / Officehold		C/OH** Office sought/held
Mailout	Payee name	<u> </u>			Amount
Date	Chris Laston	·		350	(\$)
10-19-01	1 Tayor addiese:	State: Zip Code	:	330	.00
Purpose of expe	2205 King, Houston, Tx. 77005		** Complete if direct e Candidate / Officehol	xpenditure to benefit (der name	C/OH** Office sought/held
Contract Se	ervices				Amount
Date	Payee name Toner Central Warehouse			1	(\$)
10-20-01	Payee address: City: 935 Eldridge Rd., Sugarland, T	State: Zip Code		517	
Purpose of expe			** Complete if direct e Candidate / Officeho	expenditure to benefit ider name	C/OH** Office sought/held
Supplies					Amount
	Payee name			1	(\$)
-Date	Progressive Baptist Church				
- Date	Progressive Baptist Church Payee address: City: 16302 Loch Katrine, Langham	State: Zip Cod Creek, Tx. 7708).00

Texas Ethics Commission	P.O. Box 12070	(512) 463-5800	I-B0-325-8506
POLITICA	L EXPENDITURES		Schedule ${f F}$
The INSTRUCTION GU	IDE explains how to complete this form.		1 Total pages Schedule F:
	, , , , ,		11
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)
GERALD WOM			
4 Date	5 Payee name		7 Amount
10-22-01	Alicia Murray	 	495.00
	6 Payee address: City: State: Zip C 4042 McDeemed, Houston, Tx. 77052		
8 Purpose of expen	diture		enditure to benefit C/OH**
Contract Ser		Candidate / Officeholder	name Office sought/held
Date	Payee name		Amount
10-22-01	U. S. Postal Service		68.00 ^(\$)
10-22-01	Payee address: City: State: Zip Co 4110 Almeda, Houston, Tx. 77004	ode:	00.00
Purpose of expend		** Complete if direct expe	nditure to benefit C/OH**
2 di pode di enpene	•	Candidate / Officeholder	
Postage	고 그 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다.		
Date	Payee name Harris County Council		Amount (\$)
10-23-01	Payee address: City: State: Zip Co	ode:	300.00
	Delano, Houston, Tx.		
Purpose of expend	liture	** Complete if direct expe Candidate / Officeholder	nditure to benefit C/OH** name Office sought/held
Date	Payee name		Amount
	Houston Livestock Show & Rodeo/Black Go T	Texan Com.	(\$)
10-23-01	Payee address: City: State: Zip Co	ode:	100.00
	8701 Kirby Dr., Houston, Tx. 77054		
Purpose of expend	inture	** Complete if direct expe Candidate / Officeholder	
Black Go Te	xasn Committee Dance	Canadate / Officerolaci	Time Soughburg
Date	Payee name	4 	Amount
	Chase Com		(\$)
10-24-01	Payee address: City: State: Zip C	ode:	1600.00
	3311 W. Alabama, Houston, Tx. 77098	1 44 6 1 1 1 1 1 1 1	
Purpose of expend	siture	Candidate / Officeholder	name Office sought/held
Date	Payee name	·	Amount
	U. S. Post Office		(\$)
10-25-01	Payee address: City: State: Zip C	ode:	68.00
	4110 Almeda, Houston, Tx. 77004	1 440	11. 1. 7. 0/0774
Purpose of expend	iture	Complete if direct expe	name Office sought/held
Postage Date	Payee name	L	Amount
Dan.	Christ Laston		(\$)
10-26-01	Payee address: City: State: Zip C	ode:	350.00
	2205 King, Houston, Tx. 77005		
Purpose of expend	 		enditure to benefit C/OH++
Contract Ser	ruinas	Candidate / Officeholder	name Office sought/held

Texas Ethics Commission		P.O. Box	12070		(512) 463-5800		1-80-325-8506
POLITICA	L EXPENDITU	RES					Schedule ${f F}$
The INSTRUCTION GL	JIDE explains how to complet	this form.				1 Total	pages Schedule F:
						1	pagas sensuale I .
2 FILER NAME	_	<u>_</u>		-		11	
2 FILER NAME						3 ACC	OUNT # (Ethics Commission filets)
GERALD WON	IACK						
4 Date	5 Payee name						7 Amount
10-26-01	CASH						(\$)
10-20-01	6 Payee address:	City:	State:	Zip Co	ode:		1900.00
8 Purpose of exper	5445 Almeda, Housto	n, Tx. 77	/004		0 *** 0 1 : '61'		
o ruipose of exper	idital£				9 ** Complete if direct Candidate / Officehol	expenditure to lder name	benefit C/OH** Office sought/held
Payment for	Poll Workers				Candidate / Officerio	ider marije	Office soughblield
Date	Рауее пате						Amount
10.26.01	Ruby Smith						(\$)
10-26-01	Payee address:	City:	State:	Zip Cod	le:		367.50
Purpose of expend	Houston, Tx.			1	** C 1 10 11		
Ful pose of expend	nture				** Complete if direct e Candidate / Officehol		
Contract Ser	rvices				Candidate / Giffeeno	idei iiaitie	Office sought/held
Date	Payee name	•		•			Amount
0.20.01	Nata Koerber						(\$)
9-28-01	Payee address:	City:	State:	Zip Cod	le:		500.00
Dumage of our car	1818 Calumet, Houst	on, Tx. 7	7004				
Purpose of expend	nture				** Complete if direct e Candidate / Officehol	expenditure to b	
Consultant S	Services				Candidate (Officello)	idei ilaine	Office sought/held
Date	Payee name						Amount
	Payee address:	City:	State:	Zip Cod			(\$)
Purpose of expend	liture				** Complete if direct of Candidate / Officehol		
					Candidate / Officendi	iver name	Office sought/held
Date	Рауее пате					<u> </u>	Amount
Purpose of expend	Payee address:	City:	State:	Zip Cod	le: ** Complete if direct e		(\$)
r di pose di expene	ntore			Ì	Candidate / Officehol		Office sought/held
	<u> </u>			1			
Date	Payee name Payee address:	City:	State:	Zip Cod	la:		Amount
Purpose of expend		City.	State:	2.1p C.00	** Complete if direct e	vnenditure to b	(\$)
· · · · · · · · · · · · · · · · · · ·					Candidate / Officehol		Office sought/held
Date	Payee name Payee address:	City:	State:	Zip Cod	le·		Amount (\$)
Purpose of expend					** Complete if direct e	expenditure to b	penefit C/OH**
					Candidate / Officehol		Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

	DLITICAL CONTRIBUTIONS THER THAN PLEDGES OR LOANS		SCHEDULE A	
	ion Guide explains how to complete this form.	LOANS	l Total pages S	chedule A: 16
2 FILER NAM	ME GERALD WOMACK		3 ACCOUNT #	(Ethics Commission flers)
4 Date 10-1-01	5 Full name of contributor Mike Petrizzo	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)
10-1-01	Contributor address: City; State; Zip Code Jouston, Tx. 77004	<u> </u>	300.00	аррисансу
9 Principal o	ecupation	10 Employer (optional)		<u> </u>
Date 10-1-01	Full name of contributor Alan M. Rosen	out of state PAC	Amount of contribution	In-kind contribution description(if
10-1-01	Contributes address City; State; Zip Cod- couston, Tx. 77027-		200.00	applicable)
Principal oc	ccupation	Employer (optional)	1	<u> </u>
Date 10-1-01	Full name of contributor J. Kent Friedman	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-1-01	Contributor address: City; State; Zip Cod		500.00	аррисаоле)
Principal oc	ccupation	Employer (optional)	<u></u>	<u>. </u>
Date 10-1-01	Full name of contributor Wilhelmina E. Robertson	out of state PAC	Amount of contribution	In-kind contribution description(if
10-1-01	Contributor address: City; State; Zip Cod, Houston, Tx		500.00	applicable)
Principal oc	ccupation	Employer (optional)		<u> </u>
Date 10-1-01	Full name of contributor Arthur & Joyce Schechter	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-1-01	Contributes dress: City; State; Zip Cod, Houston, Tx. 77019	le	1000.00	аррисансу
Principal oc	ecupation	Employer (optional)		<u>-</u> L
Date 10-1-01	Full name of contributor Charles & Sharmagne Taylor	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-1 -0 1	Contributor address: City; State; Zip Coc Iouston, Tx. 77083		50.00	аррисаоте)
Principal oc	ccupation	Eπτployer (optional)		l
Date 10-1-01	Full name of contributor Chris Wilmot	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-1-01	Contributor address: Cibro State; Zip Coo Houston, Tx		500.00	
Principal or	ccupation	Employer (optional)	<u> </u>	<u> </u>

	OLITICAL CONTRIBUTIONS THER THAN PLEDGES OR LOANS		SC	CHEDULE A
	ction Guide explains how to complete this form.		1 Total pages :	Schedule A: 16
2 FILER NA	AME GERALD WOMACK		3 ACCOUNT	# (Ethics Commission flers)
4 Date 10-3-01	5 Full name of contributor Louis J. Bailey	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if
** • · · ·	Contributor address: City; State; Zip Code Houston, Tx. 7700		25.00	applicable)
9 Principal	occupation	10 Employer (optional)		
Date 10-2-01	Full name of contributor Harlon Brooks	out of state PAC	Amount of contribution	In-kind contribution description(if
10-2-01	Contributor address: City, State; Zip Cod Houston, Tx. 77048	Je	2500.00	applicable)
Principal o	occupation	Employer (optional)		
Date Full name of contributor R. Vince Hamilton		out of state PAC	Amount of contribution	In-kind contribution description(if
10-2-01	Contributor address: City; State; Zip Codlouston, Tr		100.00	applicable)
Principal o	ccupation	Employer (optional)		1
Date 10-1-01	Full name of contributor Kase L. Lawal	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor address: City; State; Zip Cod	le ston, Tx. 77027-7107	1000,00	
Principal o	ccupation	Employer (optional)		
Date 10-1-01	Full name of contributor John & Laura Clemmons	out of state PAC	Amount of contribution	In-kind contribution description(if
10 1 01	Contributor address: City; State; Zip Code	le n, Tx. 77004	250.00	applicable)
Principal o	ccupation	Employer (optional)		
Date 10-1-01	Full name of contributor Ernestine Z. Carter	out of state PAC	Amount of contribution	ln-kind contribution description(if
10-1-01	Contributor address: City; State; Zip Code, Houston, Tx. 77004	e	100.00	applicable)
	ccupation	Employer (optional)		<u></u>
Principal or				In-kind contribution
Principal or Date 10-1-01	Full name of contributor Terry Cheng	out of state PAC	Amount of contribution	description(if
Date	Terry Cheng City: State; Zip Code			

on Ill name of contributor an or Joslyn Dobson Intributor address: City: State; Zip Code	out of state PAC x. 77021-1107 10 Employer (optional) out of state PAC e , Tx. 77056 Employer (optional) out of state PAC		# (Ethics Commission flers) 8 In-kind contribution description(if applicable) In-kind contribution description(if applicable)
ivill name of contributor sie & M. Annette Cluff cributor address: City; State; Zip Code Houston, Train an or Joslyn Dobson contributor address: City: State; Zip Code Houston, dell name of contributor	2. 77021-1107 10 Employer (optional) out of state PAC e 7. 77056 Employer (optional)	7 Amount of contribution 2500.00 Amount of contribution	8 In-kind contribution description(if applicable) In-kind contribution description(if
cributor address: City; State; Zip Code Houston, Train and or Joslyn Dobson Intributor address: City: State; Zip Code Houston, Train and Order Houston, Train and Tra	2. 77021-1107 10 Employer (optional) out of state PAC e 7. 77056 Employer (optional)	2500.00 Amount of contribution	description(if applicable) In-kind contribution description(if
In ame of contributor Intributor address: City: State; Zip Code Intributor address: City: State; Zip Code Houston, Intributor address: City: State; Zip Code Houston, Intributor address: City: State; Zip Code	out of state PAC e Tx. 77056 Employer (optional)	Amount of contribution	In-kind contribution description(if
all name of contributor an or Joslyn Dobson Intributor address: City: State; Zip Code Houston, Ill name of contributor	out of state PAC e , Tx. 77056 Employer (optional)	contribution	description(if
an or Joslyn Dobson Intributor address: City: State; Zip Code Houston, Ill name of contributor	e , Tx. 77056 Employer (optional)	contribution	description(if
Houston,	Employer (optional)	250.00	applicable)
ill name of contributor			appiicable)
	Qut of state PAC		
		Amount of contribution	In-kind contribution description(if
ntributor address: City; State; Zip Code Touston, Tx. 77042	2	250.00	applicable)
1	Employer (optional)		
name of contributor e Scott or Lillie Miles	out of state PAC	contribution descripti	In-kind contribution description(if
ntributor address: City; State; Zip Code Houston, Tx. 770		100.00	applicable)
1	Employer (optional)		
Il name of contributor oker T. Morris	out of state PAC	Amount of contribution	In-kind contribution description(if
		100.00	applicable)
1	Employer (optional)		
Il name of contributor pert & Angela Myres	out of state PAC	Amount of contribution	In-kind contribution description(if
		250.00	applicable)
	Employer (optional)		
ll name of contributor nes or Judy Dougherty	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
Houston, Tx. 77007		100.00	application
····	Employer (optional)		<u> </u>
11 11 11 11 11 11 11 11 11 11 11 11 11	l name of contributor ert & Angela Myres tributor address: City; State; Zip Code Kingwood, Tx. I name of contributor nes or Judy Dougherty tributor address: City; State; Zip Code Houston, Tx. 77007	Employer (optional) I name of contributor ert & Angela Myres Aributor address: City; State; Zip Code Kingwood, Tx. 77339 Employer (optional) I name of contributor ert & City; State; Zip Code Kingwood, Tx. 77339 Employer (optional) I name of contributor des or Judy Dougherty Tributor address: City; State; Zip Code Houston, Tx. 77007 Employer (optional) ATTACH ADDITIONAL COPIES OF THIS FORM AS	City; State; Zip Code 100.00 100.

	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A	
The Instruct	tion Guide explains how to complete this form.		1 Total pages :	Schedule A: 16
2 FILER NAI	ME GERALD WOMACK		3 ACCOUNT # (Ethics Commission f	
4 Date 10-5-01	5 Full name of contributor B.E.F.O.A.	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if
10-2-01	Contributor address: City; State; Zip Code buston, Tx. 77052-5539		500.00	applicable)
9 Principal o	ccupation	10 Employer (optional)		
Date 10-3-01	Full name of contributor Percy Creuzot	out of state PAC	Amount of contribution	In-kind contribution description(if
10-3-01	Contributor odd City; State; Zip Code Houston, Tx. 77021		4000.00	applicable)
Principal oc		Employer (optional)		<u> </u>
Date	Full name of contributor Trinidad V. Mendenhall	out of state PAC	Amount of contribution	In-kind contribution description(if
10-5-01	Contributor address: City; State; Zip Code Houston, Tx. 77024		500.00	applicable)
Principal oc	cupation	Employer (optional)		
Date 10-1-01	Full name of contributor Leslie S. Karpas	out of state PAC	Amount of contribution	In-kind contribution description(if
10-1 01	Contributor address: City, State; Zip Code Bellaire, Tx. 77401		250.00	applicable)
Principal oc	cupation	Employer (optional)		<u> </u>
Date 10-2-01	Full name of contributor Louis C. Ray Realtors	out of state PAC	Amount of contribution	In-kind contribution description(if
10-4-01	Contributor address: City; State; Zip Code Houston, Tx. 77004		40.00	applicable)
Principal oc	cupation	Employer (optional)		
Date 10-5-01	Full name of contributor Scott R. Rubenstein	out of state PAC	Amount of contribution	In-kind contribution description(if
10-0-02	Contributor address: City; State; Zip Code Bellaire, Tx. 77401		1500.00	applicable)
Principal oc	cupation	Employer (optional)		<u> </u>
Date 10-6-01	Full name of contributor Louise & Limas Jefferson	out of state PAC	Amount of contribution	In-kind contribution description(if
	Contributor address: City; State; Zip Code Seabrook, Tx. 77586		500.00	applicable)
Principal oc	cupation	Employer (optional)		

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i ne instructio	on Guide explains how to complete this form.		1 Total pages S	chedule A: 16
FILER NAM	E GERALD WOMACK		3 ACCOUNT # (Ethics Commission fler	
Date	5 Full name of contributor Matthew K. Manoh	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)
.U-1U-U1	Contributor address: City; State; Zip Code, Houston,	Гх. 77099	100.00	аррисанся
Principal oc	cupation	10 Employer (optional)		1
Date 0-13-01	Full name of contributor John S. Chase	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City, State; Zip Code Houston, Tx. 77004		150.00	
Principal oc	cupation	Employer (optional)		<u> </u>
Date	Full name of contributor Vivek or Namrita Menon	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 770	082	100.00	
Principal oc	cupation	Employer (optional)		_ _
Date 10-13-01	Full name of contributor Darshan or Jasbir Singh	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10 15 01	Contributor address: City; State; Zip Code, Sugarland, Tx. 7		500.00	,
		7417-2750		
Principal oc	cupation	Employer (optional)		<u> </u>
Date	Full name of contributor Vishwa or Saroj Bahl	Employer (optional) Out of state PAC	Amount of contribution	In-kind contributio description(if applicable)
Date	Full name of contributor Vishwa or Saroj Bahl	Employer (optional)		
Date	Full name of contributor Vishwa or Saroj Bahl Contributor address: City; State; Zip Code Sugarland, Tx. 77479	Employer (optional) Out of state PAC	contribution	description(if
Date 10-13-01 Principal oc	Full name of contributor Vishwa or Saroj Bahl Contributor address: City; State; Zip Code Sugarland, Tx. 77479	Employer (optional) Out of state PAC	contribution	description(if applicable) In-kind contribution description(if
Principal oc	Full name of contributor Vishwa or Saroj Bahl Contributor address: City; State; Zip Code Sugarland, Tx. 77479 cupation Full name of contributor	Employer (optional) Out of state PAC Employer (optional)	1000.00 Amount of	description(if applicable)
Principal oc	Full name of contributor Vishwa or Saroj Bahl Contributor address: City; State; Zip Code Sugarland, Tx. 77479 cupation Full name of contributor Randhir or Sunila Sahni Contributor address: City; State; Zip Code Houston, Tx. 77024	Employer (optional) Out of state PAC Employer (optional)	Amount of contribution	description(if applicable) In-kind contribution description(if
Principal oc Date Principal oc Date Date Date Principal oc Date	Full name of contributor Vishwa or Saroj Bahl Contributor address: City; State; Zip Code Sugarland, Tx. 77479 cupation Full name of contributor Randhir or Sunila Sahni Contributor address: City; State; Zip Code Houston, Tx. 77024	Employer (optional) Out of state PAC Employer (optional) Out of state PAC	Amount of contribution	In-kind contribution description(if applicable) In-kind contribution description(if applicable) In-kind contribution description(if
Principal oc Date	Full name of contributor Vishwa or Saroj Bahl Contributor address: City; State; Zip Code Sugarland, Tx. 77479 cupation Full name of contributor Randhir or Sunila Sahni Contributor address: City; State; Zip Code Houston, Tx. 77024 cupation Full name of contributor	Employer (optional) Out of state PAC Employer (optional) Out of state PAC Employer (optional) Out of state PAC	Amount of contribution 250.00	description(if applicable) In-kind contribution description(if applicable) In-kind contribution

(512) 463-5800

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LO	ANS	SC	HEDULE A
· ·	on Guide explains how to complete this form.		1 Total pages S	chedule A: 16
FILER NAM	E GERALD WOMACK		3 ACCOUNT#	(Ethics Commission flers)
Date	5 Full name of contributor Floyd Nathaniel Williams, Sr.	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if
0-12-01	Contributor address: City; State; Zip Code Houston, Tx. 77008		300.00	applicable)
Principal oc	cupation	10 Employer (optional)		
Date 0-11-01	Full name of contributor Advantage Communication Consultants	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
0-11-01	Contributor address: City; State; Zip Code Houston, Tx. 77004		250.00	applicatio)
Principal oc	cupation	Employer (optional)		
Date	Full name of contributor Johnnie A. Jenkins	out of state PAC	Amount of contribution	In-kind contribution description(if
10-14-01	Contributor address: City, State; Zip Code Houston, Tx. 77021		250.00	applicable)
Principal oc	cupation	Employer (optional)	I	_1
Date	Full name of contributor Wanda T. Mott	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-10-01	Contributor address: City: State; Zip Code Houston, Tx. 770	Dulor address: City: State; Zip Code Houston, Tx. 77021-1230		
Principal oc	cupation	Employer (optional)		
Date 0-10-01	Full name of contributor Duni Hebron	out of state PAC	Amount of contribution	In-kind contribution description(if
10-10-01			I	l applicable)
	Contributor address: City: State; Zip Code Houston, Tx. 7708	3-4445	250.00	applicable)
Principal oc	Houston, Tx. 7708	3-4445 Employer (optional)	250.00	applicable)
Date	Houston, Tx. 7708		Amount of contribution	In-kind contribution description(if
Date	Houston, Tx. 7708	Employer (optional)	Amount of	In-kind contribution
Date	Full name of contributor Debra Edwards Connally Contributor address: City; State; Zip Code Jouston, Tx. 77071	Employer (optional)	Amount of contribution	In-kind contribution description(if
Principal or	Full name of contributor Debra Edwards Connally Contributor address: City; State; Zip Code Jouston, Tx. 77071	Employer (optional) Out of state PAC	Amount of contribution	In-kind contribution description(if
Date 10-14-01	Houston, Tx. 7708 Ecupation Full name of contributor Debra Edwards Connally Contributor address: City; State; Zip Code Houston, Tx. 77071 Ecupation Full name of contributor	Employer (optional) Out of state PAC Employer (optional) Out of state PAC	Amount of contribution 50.00	In-kind contribution description(if applicable) In-kind contribution description(if

Texas Ethics Commission

POLIT	OLITICAL CONTRIBUTIONS		SCHEDULE A		
OTHE	R THAN PLEDGES OR L	OANS			
The Instructio	π Guide explains how to complete this form.		1 Total pages S	chedule A: 16	
2 FILER NAM	E GERALD WOMACK		3 ACCOUNT # (Ethics Commission f		
4 Date 10-12-01	5 Full name of contributor Madgelean Bush	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if	
10-12-01	Contributor address: City; State; Zip Code Houston, Tx. 77004		100.00	applicable)	
9 Principal occ	eupation	10 Employer (optional)	<u> </u>		
Date 10-16-01	Full name of contributor Ivy V. Ricketts	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
•	Contributor address: City: State: Zip Code Houston,	Гх. 77054-1311	250.00		
Principal occ	upation	Employer (optional)		· ·	
Date 10-16-01	Full name of contributor Varinder (Bobby) P. Singh	out of state PAC	Amount of contribution	In-kind contribution description(if	
10-10-01	Contributor address City; State; Zip Code Houston, Tx. 77041		250.00	applicable)	
Principal occ	upation	Employer (optional)		<u> </u>	
Date 10-15-01	Full name of contributor Mumtaz Bana-Peerbhai	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
1	Contributor address: City; State; Zip Code Couston, Tx. 77057		250.00		
Principal occ	upation	Employer (optional)		-	
Date 10-16-01	Full name of contributor Gopal & Vanaja Jannapureddy	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
	Contributor address: City; State; Zip Code	79-6861	500.00	- eppcaste)	
Principal occ	upation	Employer (optional)	I	<u>, I.</u>	
Date 10-16-01	Full name of contributor Darshan or Jasbir Singh	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
10-10-01	Contributor address: City; State; Zip Code Sugarland, Tx. 774	179-2936	500.00	аррисаніс)	
Principal occ	upation	Employer (optional)		<u> </u>	
Date 10-16-01	Full name of contributor Lutfe Hassan	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
	City State; Zip Code Houston, Tx.	77042	250.00		
Principal occ	upation	Employer (optional)			
	ATTACH ADDITIONA If contributor is out-of-state PAC, please	AL COPIES OF THIS FORM AS see instruction guide for addition		ments.	

	OLITICAL CONTRIBUTIONS THER THAN PLEDGES OR LOANS		SCHEDULE A	
The Instruct	tion Guide explains how to complete this form.		1 Total pages :	Schedule A: 16
2 FILER NAI	ME GERALD WOMACK		3 ACCOUNT	# (Ethics Commission flers
4 Date 10-16-01	5 Full name of contributor Mohamed Gire	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if
	Contributor address: City; State; Zip Code Houston, Tx. 77057		500,00	applicable)
9 Principal o	ccupation	10 Employer (optional)		
Date 10-16-01	Full name of contributor Don & Bea Sowell	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor addesses Tity; State; Zip Code Prairie View, Tx. 774	146	1000.00	аррисаоле,
Principal oc	cupation	Employer (optional)	·	
Date 10-22-01	Full name of contributor John & Pamela Barineau	out of state PAC	Armount of contribution	In-kind contribution description(if
	Contributor address: City State Zip Code Houston, T	ſx. 77042	1500.00	applicable)
Principal oc	cupation	Employer (optional)		
Date Full name of contributor Jarrett's Realty & Appraisal Service		out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Gestibuter eddress: City; State; Zip Code Bellaire, Tx. 77402		500.00	арриского,
Principal oc	cupation	Employer (optional)		
Date 10-20-01	Full name of contributor Hemachandra or Annapurna Kolluru	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor address City; State; Zip Code Surgarland, Tx. 77479	9-3081	100.00	аррисаоте)
Principal oc	cupation	Employer (optional)		<u>L</u>
Date 10-19-01	Full name of contributor Mark D. Taylor	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor address: City; State; Zip Code Spring, Tx. 77379		1000.00	аррисаон)
Principal occ	cupation	Employer (optional)		L
Date 10-22-01	Full name of contributor Audrie McVea or William Lawton	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Houston, Tx. 77087		100.00	
	cupation	Employer (optional)		<u></u>

	OLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A	
The Instruct	tion Guide explains how to complete this form.		1 Total pages 5	Schedule A: 16
2 FILER NA	ME GERALD WOMACK		3 ACCOUNT # (Ethics Commission fle	
4 Date	5 Full name of contributor Contributor address: City; State; Zip Code	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if
				applicable)
9 Principal o	ecupation	10 Employer (optional)	L	
Date Full name of contributor Crain, Caton & James A Professional Corp. 10-23-01		out of state PAC al Corporation	Amount of contribution	In-kind contribution description(if
	Contributor address: City; State; Zip Co., Houston,	de Tx. 77010	100.00	applicable)
Principal oc	<u> </u>	Employer (optional)		
Date Full name of contributor Brenda J. Peters 10-25-01		out of state PAC	Amount of contribution	In-kind contribution description(if
	Contributor address: City: State; Zip Contributor address: City: State; Zip Contributor, Thousand, Thousan	le Γx. 77004	100.00	applicable)
Principal oc	cupation	Employer (optional)		<u> </u>
Date 10-13-01	Full name of contributor Rev. Todd Jackson	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor address: City; State; Zip Coo	ie	100.00	applicable)
Principal oc	<u> </u>	Employer (optional)	<u> </u>	
Date 0-13-01	Full name of contributor Jessica Macklin	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor address: City: State; Zip Coc Houston, Tr	le x. 77031	1.00	аррисаоте
Principal oc	cupation	Employer (optional)	-	J
0ate 0-13-01	Full name of contributor Eloise Tone	out of state PAC	Amount of contribution	In-kind contribution description(if
.0-13-01	Contributor address: City: State; Zip Cod Houston, Tx		7.00	applicable)
Principal oc	cupation	Employer (optional)		<u> </u>
ate	Full name of contributor April Tone	out of state PAC	Amount of contribution	In-kind contribution description(if
0-13-01	Contributor address: City; State; Zip Cod Houston, Tx.		1.00	applicable)
50.00	cupation	Employer (optional)		<u> </u>

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	on Guide explains how to complete this form.		1 Total pages So	chedule A: 16
FILER NAM	ME GERALD WOMACK		3 ACCOUNT # (Ethics Commission flers	
Date	5 Full name of contributor Tangela Smith	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if
0-13-01	Contributor address: City; State; Zip Code Houston, T	x. 77077	10.00	applicable)
Principal o	ccupation	10 Employer (optional)		,
Date	Donna Shanklin-Henderson		Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77045		20.00	applicable)
Principal oc	ccupation	Employer (optional)		<u> </u>
Date	Full name of contributor Bessie W. King	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77033		10.00	
Principal oc	ccupation	Employer (optional)		
Date	Full name of contributor Gladys Kinble	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77021		5.00	
Principal o	ccupation	Employer (optional)		
Date	Full name of contributor Rev. E. Stowessa	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 7		5.00	application
Principal o	occupation	Employer (optional)		
Date	Full name of contributor H. Lee Jarmon	out of state PAC	Amount of contribution	In-kind contributio description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77245		60.00	applicable)
Principal o	occupation	Employer (optional)		
5.	Full name of contributor Joyce Diggins	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
Date 10-13-01		<pre>4+4:14414111441-4114444144411444414444</pre>	1	Ī
10-13-01	City, State; Zip Code ouston, Tx. 77033	•	3.00	

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_	TICAL CONTRIBUTIONS	A NIC	SC	HEDULE A
	R THAN PLEDGES OR LO. on Guide explains how to complete this form.	ALIA)	1 Total pages S	chedule A: 16
FILER NAM	IE GERALD WOMACK			(Ethics Commission flers)
				larri de
Date 0-13-01	5 Full name of contributor Helen Shannon	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)
	Contributor address: City; State; Zip.Code Houston, Tx. 77033		10.00	
Principal oc	cupation	10 Employer (optional)		<u></u>
Date	Full name of contributor Archie Jones	out of state PAC	Amount of contribution	In-kind contribution description(if
10-13-01	Contributor address: City; State; Zip Code, Houston, Tx.		5.00	applicable)
Principal occ	cupation	Employer (optional)		
Date	Full name of contributor Flo Journet	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77051		40.00	
Principal occ	cupation	Employer (optional)	I	
Date	Full name of contributor Joseph T. Levi	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13 -01	Contributor address: City; State; Zip Code, Houston, Tx. 77051		2.00	аррисания
Principal oc	ccupation	Employer (optional)	•	
Date 10-13-01	Full name of contributor Martha McGriff	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77021		2.00	арриодолеу
Principal oc	ccupation	Employer (optional)	·····	- I - .
Date	Full name of contributor Floyd Swanson	out of state PAC	Amount of contribution	In-kind contribution description(if
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77033		1.00	applicable)
Principal oc	ccupation	Employer (optional)	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor Reginald & Sheila Warren	out of state PAC	Amount of contribution	In-kind contribution description(if
10-13-01	Contributor address: City; State; Zip Code flouston, Tx. 77033		5.00	applicable)
Principal oc	ccupation	Employer (optional)	<u></u> L	<u> </u>
	ATTACH ADDITIONAL			

	TICAL CONTRIBUTIONS		SC	HEDULE A	
	R THAN PLEDGES OR L on Guide explains how to complete this form.	UANS	1 Total pages S	chedule A: 16	
FILER NAME GERALD WOMACK		3 ACCOUNT # (Ethics Commission flers			
Date	5 Full name of contributor F. Anita Cooper	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if	
0-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77033		2.15	applicable)	
Principal oc	cupation	10 Employer (optional)			
Date 10-13-01	Full name of contributor Mr. & Mrs. Ben Alford, Sr.	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77033		10.00		
Principal occ	cupation	Employer (optional)			
Date	Full name of contributor Twilight Thomas	out of state PAC	Amount of contribution	In-kind contribution description(if	
10-13-01	Contributor address: City; State; Zip Code, Houston, Tx. 77021		6.00	applicable)	
Principal oc	cupation	Employer (optional)	l .	<u> </u>	
Date 10-13-01	Full name of contributor Pricious Wilson	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77004		1.00	пристем,	
Principal oc	ccupation	Employer (optional)			
Date 10-13-01	Full name of contributor Ashleigh Henry	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
10-13-01	Contributor address: City; State; Zip Code ., Houston, Tx. 77083	3	5.00		
Principal oc	ccupation	Employer (optional)	Employer (optional)		
Date	Full name of contributor Allycia Albert	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
10-13-01	Contributor address: City; State; Zip Code Missouri City, Tx.	77489	2.00	арриодою	
Principal ox	ccupation	Employer (optional)			
Date	Full name of contributor Arthur & Esther Williams	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
10-13-01	Contributor address: City; State; Zip Code ., Houston, Tx. 7703	33	100.00		
Principal occupation		Employer (optional)		_	

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OTHE	R THAN PLEDGES OR LO	DANS		
The Instruction Guide explains how to complete this form. FILER NAME GERALD WOMACK		Total pages Schedule A: 16 ACCOUNT # (Ethics Commission flers)		
				Date 0-13-01
Contributor address: City; State; Zip Code Houston, Tx. 77004			50.00	approact,
Principal occ	cupation	10 Employer (optional)		<u></u>
Date	Full name of contributor George or Mildred Johnson	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	City; State; Zip Code ouston, Tx. 77021		15.00	application (
Principal occ	cupation	Employer (optional)	·	,·I ·
Date	Full name of contributor Dorothy M. Harvey	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Touston, Tx. 77021		25.00	applicable)
Principal occ	cupation	Employer (optional)		
Date	Full name of contributor Mr. & Mrs. Armstrong Answerton, Jr.	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	Contributor address: City; State; Zip Code Houston, Tx. 77061		10.00	
Principal occ	cupation	Employer (optional)		
Date	Full name of contributor Arthur L. Williams	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	City; State; Zip Code ouston, Tx. 77033		25.00	approacto,
Principal oc	ccupation	Employer (optional)		
Date	Full name of contributor Mary B. Roberts	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-13-01	City; State; Zip Code couston, Tx. 77033		15.00	.,
Principal oc	ccupation	Employer (optional)		
Date	Full name of contributor Patricia L. Frenes	out of state PAC	Amount of contribution	In-kind contribution description(if
10-12-01	Contributor address: City; State; Zip Code , Missouri City, Tx. 77	489	20.00	applicable)
	ccupation	Employer (optional)	<u> </u>	<u> </u>

	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 16	
2 FILER NAME GERALD WOMACK			3 ACCOUNT # (Ethics Commission fl	
4 Date 10-23-01	5 Full name of contributor Hemachandra or Annapurna Kolluru	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)
Contributor address: City; State; Zip Code issouri City, Tx. 774			50.00	applicable)
9 Principal of	ccupation	10 Employer (optional)		
Date Full name of contributor Sadie M. Rucker		out of state PAC	Amount of contribution	In-kind contribution description(if
Contributor address: City; State; Zip Code Houston, Tx. 77004		е	100.00	applicable)
Principal occupation		Employer (optional)		
Date 10-23-01	Full name of contributor Sheryl & John Tucker	out of state PAC	Amount of contribution	In-kind contribution description(if
10-25-01	Contributor address: City; State; Zip Code		25.00	applicable)
Principal oc	cupation	Employer (optional)		
Date 10-21-01	Full name of contributor Bettye D. Lewis	□ out of state PAC	Amount of contribution	In-kind contribution description(if
10-21-01	Contributor address: City; State; Zip Code	e	100.00	applicable)
Principal oc	cupation	Employer (optional)	l	<u>,l</u>
Date 10-21-01	Full name of contributor Louvon Daniel	out of state PAC	Amount of contribution	In-kind contribution description(if
• • • • • • • • • • • • • • • • • • • •	Contributor address: City; State; Zip Code Houston, Tx. 77021	¢	100.00	applicable)
Principal oc	cupation	Employer (optional)		<u>.</u>
Date 10-23-01	Full name of contributor Charles & Susan Brown	out of state PAC	Amount of contribution	In-kind contribution description(if
10 22 22	Contributor address: City; State; Zip Code Jurnible, Tx. 77396		25.00	applicable)
Principal occ	cupation	Employer (optional)	. <u> </u>	<u></u>
Date 10-23-01	Full name of contributor Janet F. Jackson	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor address: City; State; Zip Code, Houston, Tx. 77004	;	10.00	- Fp,
Principal occupation				

POLIT	POLITICAL CONTRIBUTIONS		SCHEDULE A		
OTHE	R THAN PLEDGES OR LOA	NS			
The Instruction	on Guide explains how to complete this form.		1 Total pages S	chedule A: 16	
2 FILER NAM	2 FILER NAME GERALD WOMACK		3 ACCOUNT # (Ethics Commission flers)		
4 Date 10-23-01	5 Full name of contributor Dorothy Pruitt Harris	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if	
10 23 01	Contributor address: City; State; Zip Code Houston, Tx. 77021		50.00	applicable)	
9 Principal oc	cupation	10 Employer (optional)		L,	
Date 10-23-01	Full name of contributor Al Kashani	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
	Contributor address: City; State; Zip Code Houston, Tx. 77225		500.00	applicable)	
Principal occ	upation	Employer (optional)			
Date 10-23-01	Full name of contributor Alfred & Lynn Henson	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
	Contributor address: City; State; Zip Code Houston, Tx. 77004				
Principal occ	upation	Employer (optional)			
Date 10-23-01	Full name of contributor Saddie Mae Rucker	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
	Contributor address: City; State; Zip Code Houston, Tx. 77004		50.00	approauto)	
Principal occ	upation	Employer (optional)	l		
Date 10-24-01	Full name of contributor Arthur & Toni Lopez	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
,	Contributor address: City; State; Zip Code The Woodlands, Tx. 77380		250.00	аррисаотся	
Principal occ	upation	Employer (optional)	_\		
Date 10-21-01	Full name of contributor Hildred M. Webb	out of state PAC	Amount of contribution	In-kind contribution description(if	
10-21-01	Contributor address: City; State; Zip Code Houston, Tx. 77096		50.00	applicable)	
Principal occ	upation	Employer (optional)		1	
Date 10-23-01	Full name of contributor Leonard & Beverly Childress	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
	Contributor address: City; State; Zip Code Houston, Tx. 7707;	1	2500.00		
Principal occ	upation	Employer (optional)	<u> </u>		
	ATTACH ADDITIONAL CO If contributor is out-of-state PAC, please see i	OPIES OF THIS FORM AS NE		nente	
	picase see i	merecton Saids for additional t	eborung redniter	iicins,	

	TICAL CONTRIBUTIONS OR THAN PLEDGES OR LOA	ANS	SC	HEDULE A
The Instructi	ion Guide explains how to complete this form.		1 Total pages S	chedule A: 16
2 FILER NAM	ME GERALD WOMACK		3 ACCOUNT # (Ethics Commission flers)	
4 Date 10-24-01	5 Full name of contributor Deandre M. Sam	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)
Contributor address: City; State; Zip Code Houston, Tx. 77021			1000.00	аррисансу
9 Principal o	ccupation	10 Employer (optional)		
Date 10-22-01	Full name of contributor C. I. Morris Co.	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10 22 01	Contributor address: City; State; Zip Code Houston, Tx. 35717		125.00	application)
Principal oc	cupation	Employer (optional)		<u> </u>
Date	Full name of contributor Arthurlene & Jesse Jackson	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
10-20-01	Contributor address: City; State; Zip Code Houston, Tx. 77	004	500.00	
Principal oc	cupation	Employer (optional)		
Date 10-11-01	Full name of contributor IEC of Houston PAC	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor address: City: State; Zip Code Houston, Tx. 770)7	100.00	
Principal or	ccupation	Employer (optional)	<u> </u>	· ·
Date 10-9-01	Full name of contributor Local 100 PAC Committee	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
	Contributor address: City; State; Zip Code New Orleans, LA 7		500.00	ф
Principal o	cupation	Employer (optional)	L	.1
Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution description(if
	Contributor address: City; State; Zip Code		contribution	applicable)
Principal od	Contributor address: City; State; Zip Code	Ептрloyer (optional)	controllen	, ,
	Contributor address: City; State; Zip Code ccupation Full name of contributor		Amount of contribution	In-kind contribution description(if
Principal of	Contributor address: City; State; Zip Code	Ептрюует (optional)	Amount of	applicable) In-kind contribution